

Testing History Questionnaire

Thank you for filling out this form. Please read all questions carefully. Remember that all the answers you give will be kept private. First are a few questions about your past HIV tests.

1. Today's date

— / — / —
(MM/DD/YYYY)

Staff use only

2. — / — / —
Ref test date

3. What was the month and year of the very first time you ever tested positive for HIV? List when you got your test, not when you got your results. We will refer to this test date again.

— / —
(MM/YYYY)

4. When you first tested positive for HIV (on the date in question 3) were you given a number or a code to use to get your results instead of your name? (check one box).

Yes.....☐ 1
No.....☐ 0
I don't know.....☐ 9
I don't want to answer...☐ 7

5. What was the name of the place where you got your first positive HIV test (on the date in question 3)? For example, this could be the name of a health clinic, blood bank, doctor's office, or STD clinic.

Site name: _____

Staff use only

Site type code _____

State: _____

6. Why did you get the HIV test on the date in question 3? Did you get that test: (please check yes or no **for each question**)

[1] Because you thought/were worried that you might have been exposed to HIV in the 6 months before (the date in question 3)?

Yes.....☐ 1
No.....☐ 0

[2] Because you get tested on a regular basis (for example, once a year or every six months), and it was time for you to get tested again?

Yes.....☐ 1
No.....☐ 0

[3] Because you were just checking to make sure you were HIV negative?

Yes.....☐ 1
No.....☐ 0

[4] Because it was required by either insurance, the military, the court, or by some other agency?

Yes.....☐ 1
No.....☐ 0

[5] Because there was some other reason you wanted to get tested?
If so, what is the reason?

Yes.....☐ 1
No.....☐ 0

Reason: _____

7. Did you ever have an HIV test before your first positive test?

Yes.....☐ 1 → GO TO QUESTION 7a

No.....☐ 0
I don't know.....☐ 9 } GO TO QUESTION 9

7a. When was the very first time you ever got tested for HIV (when you got the test, not when you got the results)? Please make your best guess if you are not sure.

— / —
(MM/YYYY)

8. Have you ever had an HIV test that was negative?

Yes.....☐1 → GO TO QUESTION 8a
No.....☐0
I don't know.....☐9 } GO TO QUESTION 9

8a. Before your first positive HIV test (as in question 3), when did you last test negative for HIV? List when you got the test, not when you got the results.

___/___/___
(MM/YYYY)

8b. What was the name of the place where you had your last negative HIV test? For example, this could be the name of a health clinic, blood bank, doctor's office, or STD clinic.

Site name: _____

State: _____

Staff use only

Site type code _____

9. In the two years before your first positive test (on the date in question 3), how many times did you get tested for HIV? Your first positive test has been included for you in the count.

1 + _____ =
first positive # of negative total # of tests
test tests during in 2 years
prior 2 years

The last questions are about HIV medicines. Sometimes one or more of these is used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of these medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail. PLEASE USE THE PICTURES OF ANTI-RETROVIRAL MEDICINES ON THE LAST PAGE WHEN ANSWERING THE NEXT QUESTIONS

10. In the six months before your first positive HIV test (on the date in question 3), had you ever taken any antiretroviral medicines?

Yes.....☐1 → GO TO QUESTION 10a
No.....☐0
I don't know.....☐9 } STOP, you are finished

10a. Which ones did you take? Please list them. (If you are not sure of when you took the medicines, please include the ones you MIGHT have taken in the six months before your first positive test.)

Medicines: _____

10b. What was the first day on which you took any of the medicines shown in the pictures? Please make your best guess if you are not sure.

___/___/___
(MM/DD/YYYY)

10c. Are you now taking any of the medicines shown in the pictures?

No.....☐0 → GO TO QUESTION 10d
Yes.....☐1
I don't know.....☐9 } STOP, you are finished

10d. When was the last day you took any of the medicines shown in the pictures? Please estimate if you are unsure.

___/___/___
(MM/DD/YYYY)

Thank you for your time today. Your answers will help us better understand HIV testing.

Staff use only

Data source: ___ (1) Chart review
___ (2) Questionnaire: ___ (1) self ___ (2) interview ___ (9) unknown
___ (9) Unknown